



STATE OF RHODE ISLAND

Bd. of Examiners of Landscape Architects

1 Capitol Hill, 3rd. Floor

Providence, RI 02908

(401) 222-2565 Fax: (401) 222-5744

www.bdp.state.ri.us

INSTRUCTION SHEET FOR REGISTRATION BY EXAMINATION

The RI Board of Examiners of Landscape Architects offers the Landscape Architectural Registration Examination (LARE) prepared by the Council of Landscape Architectural Registration Boards (CLARB), plus a Rhode Island supplementary section. **Exams are given only during the month of June.**

APPLICATION DEADLINE - Application and all required documentation must be received or postmarked by **MARCH 1**. The Board will not accept faxed forms. Applications or forms received after this date will not be reviewed by the Board for the current examination administration.

To be eligible for the examination, candidates must meet the following requirements on or before the application deadline.

1. **Applicant must submit a complete application package.** All required forms and documentation must be in sealed envelopes and attached to the application. Documentation received which is not in sealed envelopes, will not be reviewed or considered by the Board.
2. Must be "21 years of age and of good moral character."
3. Must have a degree in Landscape Architecture or a related field from a college or school approved by the Board (or present "evidence of at least 6 years of practical experience in landscape architectural work of a grade and character satisfactory to the Board.") **Submit official school transcript in a sealed envelope.**
4. Must have either a minimum of two (2) years experience in landscape architectural work under the direct supervision of a registered landscape architect of a grade and character satisfactory to the board; or one years' experience in landscape architectural work under the direct supervision of a registered landscape architect of a grade and character satisfactory to the board and one year's experience in related work under the direct supervision of a registered "Allied Professional" (architect, engineer or land surveyor) of a grade and character satisfactory to the board.

The sum of two (2) years of experience shall total 3,500 hours (A minimum of 1,750 hours must be under the direct supervision of a registered landscape architect, and up to 1,750 hours under the direct supervision of a registered allied professional). Hours worked on a part-time basis less than 10 hours per week shall not be calculated into the total time required. In addition, any hours worked in excess of 35 hours per week shall also not be calculated into the total time required.

5. Must have submitted a **completed and notarized** application form.
6. Must have submitted **two (2) references from landscape architects who have been registered a minimum of four (4) years and one (1) character reference.** Reference forms must be sent directly to the applicant in a sealed envelope.
7. Must submit a non-refundable fee by check made payable to: **General Treasurer, State of Rhode Island, with the application.**
8. If you have passed sections of the exam in other States, a "Transfer Candidate Verification Form" must be completed by each State and returned directly to the applicant in a sealed envelope.

Candidates may take any or all sections of the exam. Candidates wishing to take the exam after the **third attempt** must supply the Board with evidence of additional education and/or experience before he/she will be allowed to retake the exam. Specific requirements will be provided.



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APPLICATION FOR REGISTRATION BY EXAMINATION OR RECIPROCITY (For the practice of Landscape Architecture in Rhode Island) R.I. GEN. LAWS §5-51-1 et. seq.

INSTRUCTIONS: All applicants for licensing, regardless of classification, must fill out this form completely. Type or print plainly. Use additional sheets if necessary. **Exam fee to be determined. Reciprocity fee: \$150. Make checks payable to: "General Treasurer State of Rhode Island".**

APPLICANT'S NAME (First, Middle, Last)		<input type="checkbox"/> EXAMINATION (Fee to be determined)
(Please check preferred mailing address) <input type="checkbox"/> LEGAL RESIDENCE ADDRESS		<input type="checkbox"/> RECIPROCITY (Fee: \$150.00)
<input type="checkbox"/> BUSINESS ADDRESS		DAYTIME PHONE/FAX
SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE

EDUCATION

SCHOOL (Circle highest grade completed)	NAME	ADDRESS	MAJOR COURSE	YEARS OF COLLEGE COMPLETED				DATE REC'D.
				1	2	3	4	
HIGH SCHOOL								
COLLEGE/UNIV.	(College or University must submit official transcript in a sealed envelope directly to the applicant.)							
TECHNICAL OR PROFESSIONAL								

EXPERIENCE

Give full information concerning periods of employment contributing to your experience in the practice of landscape architecture. Start with present position and work back, explaining exact duties and other details required. Mention any major jobs, publications to which you have contributed, etc., that you consider significant. Under the "Hrs. Wkd. Per Week" column, enter only these portions spent in professional landscape architecture.

DATES		POSITION	NAME	EMPLOYER	ADDRESS	HRS. WKD. PER WEEK
FROM	TO					

RECIPROCITY CANDIDATES ONLY

List the State and license number of initial registration and subsequent registrations.

Which State are you applying from?

REFERENCES

Two (2) references must be landscape architects who have been registered a minimum of four (4) years and one (1) character reference.
Please note that all reference forms must be returned to the applicant in a sealed envelope. Only complete applications with sealed documentation will be reviewed by the Board.

NAME	ADDRESS	PROFESSIONAL RELATIONSHIP	HAVE KNOWN (YRS.)

AFFIDAVIT

APPLICANT'S SIGNATURE		DATE
	DATE	SIGNATURE AND SEAL OF NOTARY PUBLIC
Subscribed and sworn to before me:		

ADDITIONAL INFORMATION REQUIRED:

The supervising landscape architect(s) attesting to the length of experience that has been accumulated must send the experience form(s) directly to the applicant in a sealed envelope .

Do not write in the spaces below

OFFICE RECORD	BOARD ACTION



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REFERENCE FORM

You have been requested to serve as a reference for an applicant for registration as a landscape architect in Rhode Island under the provisions of Chapter 51 of the General Statutes (1975, Title 5). Pertinent information concerning the applicant will be helpful to the Board of Examiners of Landscape Architects.

As a reference, you are familiar with or have knowledge of the applicant's ability, character, and reputation. The Board would appreciate information, which bears upon the extent of the responsibility borne by the applicant in his/her profession as well as your opinion of his/her professional competence and character. Your statement will be treated as confidential.

Please send this form directly to the applicant in a sealed envelope.

1. Name of applicant: _____
Address of applicant: _____
City State Zip
2. Professional, business, or social relationship to applicant: _____
If employer, dates of employment: From: _____
To: _____
Month/ Day Year
Month/ Day Year
3. Number of years you have known applicant: _____
4. Please evaluate the applicant in the categories of which you have personal knowledge:
 - a. Technical knowledge: _____

 - b. Professional experience: _____

 - c. Character with respect to honesty, integrity, and general conduct: _____

5. Do you consider the applicant qualified to become a professional practitioner? _____
6. Other comments: _____

I hereby certify that the information given above is correct to the best of my knowledge and belief and that the opinions expressed above represent my best judgment.

Print Name _____ Address _____ City _____ State _____ Zip _____

Signature _____

State of Registration _____ License Number _____

Profession _____

Professional Stamp

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EXPERIENCE FORM

COMPLETE SECTION 1. PRINT your name and address as they appear on your application form. **SUBMIT A SEPARATE EXPERIENCE FORM FOR EACH EMPLOYER.**

Send the form to the Registered Allied Professional who supervised your work. He/she should verify your employment by completing **Section 2** on the bottom of this form and returning it to you in a sealed envelope.

SECTION 1: Candidate Information

Is/was employed by the firm of:

Full Name _____ SS# _____

Firm Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

➔ **FULL-TIME** - Hours worked in excess of 35 hours per week shall not be calculated into the total time required.

From: _____ To: _____
Mo./Day/Yr. Mo./Day/Yr. **TOTAL WEEKS:** _____ x 35 hrs. = _____ **HOURS**

Percentage of time in the following categories of landscape architectural work: Drafting ____ Design ____

Wrkgng Drawngs ____ Project Mngt ____ Construction Mngt ____ Teaching ____ Research ____ Other ____

➔ **PART-TIME** - (Minimum of 10 hrs. per week) Experience gained on a part-time basis under 10 hours per week or over 35 hours per week shall not be calculated into the total time required.

From: _____ To: _____ **AVG. HRS. WORKED/WEEK:** _____ x **TOTAL WKS.** = _____ **HOURS**
Mo./Day/Yr. Mo./Day/Yr.

Percentage of time in the following categories of landscape architectural work: Drafting ____ Design ____

Wrkgng Drawngs ____ Project Mngt ____ Construction Mngt ____ Teaching ____ Research ____ Other ____

SECTION 2: VERIFICATION OF SUPERVISOR OR LANDSCAPE ARCHITECT

Circle

- | | | | |
|----|--|-----|----|
| 1. | The dates of employment shown are correct. | Yes | No |
| 2. | The type or work and hours worked by the applicant are correct. | Yes | No |
| 3. | The applicant worked under my direct supervision for the period of time shown. | Yes | No |

If "no" please clarify in space provided. _____

Print Name

Signature

Date

State of Registration

License Number

Profession

Stamp or Seal

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Revised: 01/03



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City _____ State _____ Zip _____

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Print Name Signature Date

State of Registration License Number Profession Stamp or Seal

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2003 L.A.R.E. EXAMINATION FEES

Please indicate which sections of the L.A.R.E. you are applying to take in June 2003.

<input type="checkbox"/>	Section A	\$ 72.
<input type="checkbox"/>	Section B	\$120.
<input type="checkbox"/>	Section C	\$240.
<input type="checkbox"/>	Section D	\$192.
<input type="checkbox"/>	Section E	\$240.
<input type="checkbox"/>	RI State Exam	\$25.

TOTAL FEE ENCLOSED: _____